

The Vac Scene®

Lauren S. Greenfield, BSN, RN, Editor



A bi-monthly newsletter for
immunization providers, from
Public Health - Seattle & King
County (PHSKC). For back
issues, visit our website:
<http://www.metrokc.gov/health>

Vol. 8, No. 5

SEPTEMBER/OCTOBER 2002



IMMUNIZATION PROGRAM

999 Third Avenue, Suite 900
Seattle, WA 98104-4039
Phone: (206) 296-4774 Fax: (206) 296-4803
Email: lauren.greenfield@metrokc.gov

PRSR STD
U.S. Postage
PAID
Seattle, WA
Permit No.1619

Available in alternate formats

In this issue:

- News from Public Health's Vaccines for Children Program
- Hepatitis B Vaccination – Don't Delay!
- Vaccine Champion

- New Immunization E-Mail Alert Service
- Menomune Recall
- New Immunization Resources!

NEWS FROM PUBLIC HEALTH'S VACCINES FOR CHILDREN (VFC) PROGRAM

FLU VACCINE ELIGIBILITY REQUIREMENTS

VFC staff have begun filling orders for influenza vaccine for the 2002-2003 flu season. **Children 0-18 years of age with high-risk medical conditions or children whose household contacts are at high risk for complications from the flu are eligible for VFC's state-supplied flu vaccine.**

The Centers for Disease Control & Prevention (CDC) is also encouraging health care providers to immunize *healthy* children ages 6 months through 23 months against the flu because this population is at substantially increased risk for influenza-related hospitalizations. **However, healthy children ages 6-23 months are not eligible for state-supplied influenza vaccine for the 2002-2003 flu season.** Providers must purchase influenza vaccine for this population.

The Advisory Committee on Immunization Practice (ACIP) has made a resolution extending VFC coverage for influenza vaccine to VFC-eligible children aged 6-23 months and 2-18 years who are household contacts of children ages 2 years or younger, effective March 1, 2003. This Resolution is available at www.cdc.gov/nip/vfc/flu.pdf. More information on the 2002-03 influenza season can be found at www.cdc.gov/mmwr/preview/mmwrhtml/rr5103a.htm

PREVNAR (PCV) RESTRICTIONS

The nationwide shortage of pneumococcal conjugate vaccine (PCV) will continue through the end of this year.

- Focus on the first three doses for ALL children at 2, 4 and 6 months.
- Give the 4th dose to *high-risk children* only.
- Defer dose #4 for healthy children until supply improves.

More information is available at:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5050a4.htm>

NEW PCV INFORMATION STATEMENT (VIS)

The Centers for Disease Control and Prevention has issued a revised VIS for pneumococcal conjugate vaccine (PCV), Prevnar, dated 9/30/02. To obtain a copy of the revised PCV VIS in camera-ready format, go to:

<http://www.immunize.org/vis/pnPCV7.pdf>

NO VACCINE SHIPMENTS IN DECEMBER!

As in past years, VFC's vaccine storage and shipping partner, General Injectables & Vaccines, will suspend shipping vaccine throughout the month of December. Because shipping companies such as Federal Express and United Parcel Service (UPS) experience an enormous increase in package volume during the December holidays, the risk for damaged or delayed vaccine shipments is too great. For this reason, Public Health – Seattle & King County's VFC Program staff urge you to plan for this schedule change by replenishing your stock prior to Thanksgiving. We can help you forecast your vaccine supply needs; for assistance, call 206-296-4774.

VFC PROCEDURES for HANDLING PROBLEMS

As you know, the VFC Program is funded by the Centers for Disease Control and the Washington State Department of Health. Washington is one of the few "universal coverage" states, meaning that all children are eligible for state-supplied vaccine. Universal coverage reduces the amount of paperwork necessary to participate in the program. In addition, it enables vaccine to be shipped at no charge directly to providers.

Public Health's role is to assure that vaccine is stored safely, tracked adequately, and given to children only. This tracking activity requires providers to submit reports each month of doses administered, temperature logs and inventory, and to participate in benchmarking for one month each year.

Sites that submit complete and accurate reports before the deadline may rarely hear from Public Health. Occasionally, providers receive a fax or letter regarding an ongoing problem the clinic has had in meeting VFC Program requirements. Most commonly, these problems are late or incomplete reports, vaccine given to adults, and significant inventory errors.

If Public Health contacts you regarding one of these issues, please be aware that VFC staff are a resource for you. We can help with safe storage questions, accounting problems, questions about eligibility, trouble meeting deadlines, etc.

There are certain steps that Public Health necessarily goes through to handle repeated problems showing little or no improvement. When calls, faxes, or letters to providers fail to have effect, a provider's enrollment in the VFC Program can be jeopardized. This is an example of the progression:

- ♦ A provider repeatedly submits reports that fail to account for a significant amount of state-supplied vaccine. VFC informs the provider of each problem as it arises. If there is no improvement, then—
- ♦ The provider receives a warning fax or letter, explaining the possibility of a six-month "probation" period. If there continues to be no improvement, then—
- ♦ The probation period goes into effect. This does not immediately affect a provider's status within the VFC Program. It simply requires that all obligations associated with the program are met—correctly and on time—no more and no less than is required of providers who are not on probation. Additional problems of any kind during probation result in—
- ♦ Suspension from the program for six months. Providers who are suspended from the program cannot order or receive vaccine from the VFC Program, although they must continue to submit complete, accurate and timely reports. Failure to fulfill program obligations at this point results in—
- ♦ Withdrawal from the program. Providers can re-apply in six months.

VFC wants to keep all providers in the program, and thus far it has been unnecessary to suspend any provider organization. A

probation period is usually successful in focusing provider efforts to resolve problems. Probation periods become necessary because, while the CDC and Washington State Department of Health allow for a certain percentage of lost or wasted vaccine, persistent problems regarding storage, accounting and other reports must be addressed to keep this percentage as low as possible.

A refrigerator containing 50 doses each of the vaccines available from VFC is worth nearly \$15,000. There are 300 participating organizations in King County—over \$2 million in stored vaccine at any one time. We appreciate the time and effort it takes providers to protect this valuable asset.

If you have questions, please call 206-296-4774 and ask to speak with a VFC staff member.

HEPATITIS B VACCINATION – DON'T DELAY!
Part I

(This is the first of two articles on hepatitis B vaccination. This article focuses on the importance of timely hepatitis B vaccination for perinatally-exposed infants. The next article will discuss the inherent risks of postponing hepatitis B vaccination in otherwise “healthy” infants.)

Recently, we have noticed an increasing number of health care providers deferring the third dose of hepatitis B vaccine for infants until *nine months* of age or older. According to the CDC, an estimated 19,000 infants are born to HBV-infected women in the U.S. each year. Perinatally-exposed infants and infants living in a household with a hepatitis B carrier are at high-risk of acquiring hepatitis B virus (HBV) infection. **Timely post-exposure prophylaxis (PEP), including receipt of the third dose of hepatitis B vaccine at 6 months of age, is key to preventing infection in up to 95% of perinatally-exposed infants.**

Appropriate PEP includes: 1) Hepatitis B immune globulin (HBIG) and hepatitis B vaccine #1 within 12 hours of birth; 2) hepatitis B vaccine #2 between 1 and 2 months of age; 3) **hepatitis B vaccine #3 at 6 months** of age; 4) serologic testing for response at 9-15 months of age.

Health care providers have reported the following reasons for deferring the third dose of hepatitis B vaccine beyond the recommended age of six months: (1) the parent’s or provider’s desire to reduce the number of immunizations given at the six-month checkup; (2) the belief that adequate protection has been conferred by the timely administration of HBIG and the first two doses of hepatitis B vaccine, and 3) the belief that it is inconsequential whether the third dose is given beyond six months of age. Delaying hepatitis B vaccination of perinatally-exposed infants or infants with household contacts who are hepatitis B carriers **greatly** increases their risk of acquiring HBV infection.

The Perinatal Hepatitis B Prevention Program (PHBPP) is a tracking and reminder system funded by the CDC since the early 1990s to assure appropriate and timely PEP of infants born to HbsAg-positive women. PHBPP staff notify HbsAg+ moms and their infant’s providers to advise them of the need for PEP and follow-up serology.

The PHBPP of Public Health - Seattle & King County seeks partnership with providers in adhering to the PEP guidelines for infants born to HbsAg-positive mothers. We appreciate your support in preventing perinatally-acquired cases of HBV. If you have questions, please contact Linda Vrtis, PHBP, at: 206-296-4777 or by email: linda.vrtis@metrokc.gov.

VACCINE CHAMPION!

In the May/June *Vac Scene*, you may remember the Vaccines For Children (VFC) call for *VACCINE CHAMPION* nominations. The VFC program expressed the wish to celebrate individuals or practices that, quietly or dramatically, are going beyond basic requirements to provide exceptional immunization-related care to their patients. And here is our first champion....

Dr. Pamela McDonald, from **Seattle Primary Physicians** (SPP) wrote, “I believe that our [7-clinic] group practice, including **Nance Morse** and our excellent staff of medical assistants and supervisors, deserves the title of ‘Vaccine Champion’ for achieving an excellent vaccination rate in our

2-year-old patients *and* for commitment to self-improvement and quality immunization practices”.

For the past 5 years, according to Dr. McDonald, SPP has performed an annual review of immunizations for all 2-year-olds, and consistently achieved a successful immunization rate of between 89% and 95%. She goes on to write, “Our annual review of immunizations is part of our HEDIS compliance effort and uses information derived from our computerized billing system and from direct chart review.” Dr. MacDonald feels that special recognition should go to Nance Morse, office manager at Wallingford Family Practice, “for supervising, tabulating, and summarizing the review process.”

So, to Ms. Morse and the immunization staff of SPP, we say WELL DONE! Who will be the next Vaccine Champion? We know you’re out there! Fax your nomination to Darren Robertson, VFC Program Coordinator, 206-296-4803.

NEW IMMUNIZATION E-MAIL ALERT SERVICE!

As a subscriber to this free service, you will receive an e-mail notice announcing when new immunization information has been posted to the Public Health - Seattle & King County’s website. This information may include news on the Vaccines For Children program, press releases, vaccine advisories, fact sheets, etc. To subscribe, go to:
<http://www.metrokc.gov/health/immunization/providers.htm#subscribe>

MENOMUNE RECALL

Aventis Pasteur issued a voluntary recall of all single dose vials of Menomune® (meningococcal vaccine) because of a potency failure in the vaccine that may affect its efficacy in preventing serogroup A meningococcal disease. This failure does *not* affect the vaccine’s efficacy against the other 3 serogroups: C, Y, or W-135. Ten-dose vials are also unaffected by this recall.

The recommendation for meningococcal vaccination of college freshmen who live in dormitories is based on an increased risk of serogroup C disease. Revaccination of this population is *not* recommended.

For more information, refer to Aventis’ Menomune recall notification letter at
<http://www.metrokc.gov/health/immunization/menomune-recall.pdf> or call your Aventis representative.

NEW IMMUNIZATION RESOURCES!

Childhood Immunization Scheduler
The task of helping parents remember when a child is due for certain vaccines has now become simpler. The Centers for Disease Control and Prevention (CDC), through the National Immunization Program, recently launched a web-based Childhood Immunization Scheduler for parents. It is available in English and Spanish, and can be used for any child five years of age or younger. The scheduler uses current vaccine recommendations made by CDC’s Advisory Committee on Immunization Practices.

To try the new childhood immunization scheduler, visit:
www2.cdc.gov/nip/scheduler_le/default.asp.

Compendium of Immunization Resources
The American Academy of Pediatrics has published a 92-page Compendium of immunization organizations, initiatives, resources, and tools for pediatricians and other health care professionals. Health care professionals can receive a **free** print copy of this valuable resource! Call 847-434-7821, fax 847-228-6432, or email crouse@aap.org. Or, go to:
http://www.cispimmunize.org/resour/rsc_main.html

Pertussis: View (and Hear) a Real Case!
The National Association of Pediatric Nurse Practitioners, with educational grant funding from Aventis Pasteur, recently developed a website to raise awareness about pertussis. The website, www.pertussis.com, offers video and audio footage online of a pertussis case. Additionally, a direct link to the “Outbreak Digest” provides an interactive map of the U.S. detailing pertussis cases reported during 2001.